Exhibit E

50th Anniversary: Mobilizing for Justice

MFY LEGAL SERVICES INCORPORATED

299 Broadway
New York, NY 10007
Phone 212-417-3700
Fax 212-417-3891
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Maia Goodell
Barbara Graves-Poller
Michael Grinthal
Christopher Schwartz
Supervising Attorneys

By C.M.R.R.R.

September 24, 2013

Mamdoh Eltouby
New York Motor Group
60-20 Northern Boulevard
Woodside, NY 11377

Revocation or rejection of acceptance.

Client: Shahadat Tuhin
Vehicle deceptively "sold": 2008 Lexus ES 350
V.I.N.: JTHBJ46G682167625
Putative finance company: M&T Bank

Dear Mr. Eltouby:

This letter serves as confirmation of our conversation on Friday, September 20, 2013, in which you informed me that you have recordings of all interactions between my client, Shahadat Tuhin, and New York Motor Group. As requested in my demand letter dated September 12, 2013, please deliver to my office copies of these recordings, and all documents that you claim bind Mr. Tuhin.

Sincerely,

Ariana Lindermayer
Staff Attorney
(212) 417-3742

7013 0600 0002 0058 9104

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.11

Postmark Here

Sent To: Mandoh Eltouby NYMG
Street, Apt. No.; or PO Box No.: 60-20 Northern Blvd
City, State, ZIP+4: Woodside, NY 11377

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mandoh Eltouby
New York Motor Group
60-20 Northern Blvd
Woodside, NY 11377

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SEP 26 2013

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7013 0600 0002 0058 9104

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540